

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/646995	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3		2					53					
4		2					54					
5		2					55					
6		(1)					56					
7		(1)					57					
8		(1)					58					
9		(1)					59					
10		(1)					60					
11		(1)					61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
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37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1						TOTAL IND.					
TOTAL DEP.	13	↓	↓	↓			TOTAL DEP.	↓	↓	↓		
TOTAL CLAIMS	14						TOTAL CLAIMS					